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ATTORNEY	DOCKET	NO:	

DECLARATION AND POWER OF ATTORNEY

Each below-named inventor hereby declares and says that:

My residence, post office address and citizenship are as stated below beneath my name; I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled:

INK JET RECORDING METHOD

which is described and claimed in the attached application, or Serial No.	filedas amend	ed t		
date; I have reviewed and understand the contents of the specification and	claims with all the abovementioned			
amendments thereto, if any; I acknowledge my duty to disclose information of which I am aware which is material to the				
examination of this application in accordance with 37 CFR 1.56.				
I claim the foreign priority benefits under 35 U.S.C. 119 of foreign applica	ation(s) for patent or inventor's certificate(s	s),		
filed less than 12 months prior to the filing of the application as follows:				

COUNTRY JAPAN JAPAN APPLICATION NO. JP2003-012209 JP2003-012210 FILING DATE January 21,2003 January 21,2003 P6311-001-0000 Page 2 ATTORNEY DOCKET NO: KON-1848

MUSERLIAN, LUCAS AND MERCANTI, LLP, Customer No. 20311, CHARLES A. MUSERLIAN, Reg. No. 19,683; and DONALD C. LUCAS, Reg. No. 31,275 all of 600 Third Avenue, New York, NewYork 10016, Telephone (212) 661-8000, are hereby appointed my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, with the understanding that they represent my assignee, if any.

It is declared by undersigned that all statements made herein of undersigned's own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 1 8 U.S. Code 1001, and that such willful false statements may jeopardize the validity of this application or any patent issuing thereon

INVENTOR; SIGNATURE	DATE	RESIDENCE AND POST OFFICE ADDRESS	
Sign: Slinya Watarabe	Date: 2003, 12, 19	Hachioji-shi, Tokyo, Japan c/o Konica Minolta Medical & Graphic, Inc. 1 Sakura-machi, Hino-shi, Tokyo, 191-8511 Japan	
Type: Shinya WATANABE	Citizen of: JAPAN		